

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

American College of Cardiology Political Action Committee

ADDRESS (number and street)

2400 N St NW

Check if different
than previously
reported. (ACC)

Washington

DC

20037

1153

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00375360

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

April 15
Quarterly Report(Q1)July 15
Quarterly Report(Q2)October 15
Quarterly Report(Q3)January 31
Quarterly Report(YE)July 31 Mid-Year
Report(Non-election
Year Only) (MY)Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☒ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)(c) 12-Day
PRE-Election
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

in the
State of

5. Covering Period

05

01

2009

through

05

31

2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Carlton Davids

Signature of Treasurer

Electronically Filed by Carlton Davids

Date

06

04

2009

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
American College of Cardiology Political Action Committee

Report Covering the Period: From:

M	M
0	5

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	5

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1		142721.36
(b) Cash on Hand at Beginning of Reporting Period	112270.24	
(c) Total Receipts (from Line 19)	45055.34	194002.17
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	157325.58	336723.53
7. Total Disbursements (from Line 31)	47534.94	226932.89
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	109790.64	109790.64
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American College of Cardiology Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	5	0	1	2	0	0	9

To:

M	M	D	D	Y	Y	Y	Y
0	5	3	1	2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	42008.23	152068.22
(i) Itemized (use Schedule A)		
(ii) Unitemized	3047.11	38365.15
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➤	45055.34	190433.37
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) ➤	45055.34	190433.37
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	3568.80
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	45055.34	194002.17
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	45055.34	194002.17

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
(i) Federal Share.....		
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	1034.94	4432.89
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	1034.94	4432.89
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	46500.00	222500.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	47534.94	226932.89
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	47534.94	226932.89

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	45055.34	190433.37
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	45055.34	190433.37
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1034.94	4432.89
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	3568.80
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1034.94	864.09

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 41

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Richard P. Abben, M.D., F.A.

Mailing Address 225 Dunn Street

City

Houma

State

LA

Zip Code

70360-4413

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardiovascular Inst. of
the South

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 0 7 / 2 0 0 9

Transaction ID: 6beea3f3b12d752d5e2

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Chowdhury H. Ahsan, M.D., Ph.D

Mailing Address 8100 Moonstone Circle

City

Las Vegas

State

NV

Zip Code

89128-7733

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

CLINICAL CARDIOLOGY/GENERAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 8 / 2 0 0 9

Transaction ID: 579c87c21e1629cd5a2

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Jay H. Alexander, M.D., F.A.

Mailing Address 2256 Carlyle Court

City

Buffalo Grove

State

IL

Zip Code

60015-1857

FEC ID number of contributing
federal political committee.

C

Name of Employer
North Shore Cardiologists,
SC

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 3 0 / 2 0 0 9

Transaction ID: 4c27b2a7306e809fda13

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

1565.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 41

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dory B. Altmann, M.D., F.A.

Mailing Address 11 Cherokee Road

City

East Brunswick

State

NJ

Zip Code

08816-5032

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardiology Associates

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 8 / 2 0 0 9

Transaction ID: 4e94c6c0d0060a6a429

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Rene J. Alvarez, Jr., M.D.,

Mailing Address 425 McKean Drive

City

Wexford

State

PA

Zip Code

15090-7327

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Pittsburgh
Medial Center

Occupation

HEART FAILURE/TRANSPLANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

364.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 0 3 / 2 0 0 9

Transaction ID: 467da2959e802b247d54

Amount of Each Receipt this Period

91.00

C.

Full Name (Last, First, Middle Initial)

Jeffrey Askew, M.D.

Mailing Address 12021 Sawhill Boulevard

City

Spotsylvania

State

VA

Zip Code

22553-3667

FEC ID number of contributing
federal political committee.

C

Name of Employer
Virginia Cardiovascular
Consultants

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 1 / 2 0 0 9

Transaction ID: 0d2a0237c75c9d69de7

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1591.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 41

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Timothy M. Bateman, M.D., F.A.

Mailing Address 3410 West 89th Street

City

Leawood

State

KS

Zip Code

66206-1629

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardiovascular Consultant-
s, PC

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 9 / 2 0 0 9

Transaction ID: 4c43b5a15936a9769aec

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Alan E. Benheim, M.D., F.A.

Mailing Address 8316 Arlington Boulevard Suite 610

City

Fairfax

State

VA

Zip Code

22031-5204

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pediatric Cardiology Asso-
ciates, P.C.

Occupation

PEDIATRIC CARD.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 9 / 2 0 0 9

Transaction ID: cd17862f2871bb5f0e9

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Michael J. Boland, M.D., F.A.

Mailing Address 129 Willow Pointe

City

Columbus

State

MS

Zip Code

39705-2094

FEC ID number of contributing
federal political committee.

C

Name of Employer
Columbus Cardiovascular
Care, PLLC

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 0 9

Transaction ID: 0682ee63a43ec6b8eab

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 41

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Patrick C. Breau, M.D., F.A.

Mailing Address 1317 Killdeer Street

City

New Orleans

State

LA

Zip Code

70122-2233

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

NON-INVASIVE CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 7 / 2 0 0 9

Transaction ID: a3df6dab69d40542f3b

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Ralph G. Brindis, M.D., M.P.

Mailing Address 1410 Monterey Boulevard

City

San Francisco

State

CA

Zip Code

94127-2554

FEC ID number of contributing
federal political committee.

C

Name of Employer
Oakland Kaiser Medical Ce-
nter

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 3 / 2 0 0 9

Transaction ID: 4759bf4d5aedb39eea8c

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Alan S. Brown, M.D., F.A.

Mailing Address 1912 Alta Vista Court
801 S Washington Street

City

Naperville

State

IL

Zip Code

60563

FEC ID number of contributing
federal political committee.

C

Name of Employer
Midwest Heart Specialists-
Edward Heart

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 0 / 2 0 0 9

Transaction ID: 48c1a7885f0372479420

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

700.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 41

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Juan J. Cabanero, M.D., F.A.

Mailing Address 4503 Stone Post Court

City

Seneca

State

SC

Zip Code

29678-1655

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 0 7 / 2 0 0 9

Transaction ID: 132c7e1bf8b9ca15b9d

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

James C. Campbell, Jr., M.D.,

Mailing Address 3599 University Boulevard South Su

City

Jacksonville

State

FL

Zip Code

32216-4269

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 1 / 2 0 0 9

Transaction ID: 165cf767747d40114f4

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Daniel Carey, M.D., F.A.

Mailing Address 7 Wyngate Court
2410 Atherhold Road

City

Portsmouth

State

VA

Zip Code

23703

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardiovascular Associates
of Central V

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 1 / 2 0 0 9

Transaction ID: d6ab728ff45e1dd4b4e

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 11 / 41

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mangaraju Chakka, M.D.

Mailing Address 10100 Kanis Road

City

Little Rock

State

AR

Zip Code

72205-6202

FEC ID number of contributing
federal political committee.

C

Name of Employer
Heart Clinic Arkansas

Occupation

ELECTROPHYSIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 0 9

Transaction ID: 75d5706a75cb07235ce

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Hollace D. Chastain, II, M.D.,

Mailing Address 1819 Breamar Drive

City

Fort Wayne

State

IN

Zip Code

46814-9364

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fort Wayne Cardiology

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 0 / 2 0 0 9

Transaction ID: 43f7ae91f179f77d2a22

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Thomas J. Ciotola, M.D., F.A.

Mailing Address 118 Ferrara Avenue

City

Hazleton

State

PA

Zip Code

18201-7554

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardiology Associates of
Greater Hazle

Occupation

NON-INVASIVE CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 9 / 2 0 0 9

Transaction ID: 59f6300db01f81244c3

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 41

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Bernard A. Clark, III, M.D.,

Mailing Address 95 Johnny Cake Lane

City

Glastonbury

State

CT

Zip Code

06033-2545

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Francis Hospital and
Medical Center

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 9 / 2 0 0 9

Transaction ID: 4918a243b894ab46bc55

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

George H. Crossley, III, M.D.,

Mailing Address 276 Stratton Court

City

Brentwood

State

TN

Zip Code

37027-4228

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Thomas Heart

Occupation

ELECTROPHYSIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1334.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 0 9 / 2 0 0 9

Transaction ID: 424baec0b6ee283924da

Amount of Each Receipt this Period

167.00

C.

Full Name (Last, First, Middle Initial)

Jennifer E. Cummings, M.D., F.A.

Mailing Address 4472 Broadview Road

City

Richfield

State

OH

Zip Code

44286-9497

FEC ID number of contributing
federal political committee.

C

Name of Employer
Akron General Medical Cen-
ter

Occupation

ELECTROPHYSIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 1 / 2 0 0 9

Transaction ID: bf56d5b860c0a851ac2

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

717.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 41

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Michael S. Cunningham, M.D., F.A.

Mailing Address 825 Baytree Lane
Suite 300

City State Zip Code
Ponte Vedra Beach FL 32082-4164

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 5 / 2 0 0 9

Transaction ID: 0e48ee9fd4199e53896

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Robert C. Dewey, M.D., F.A.

Mailing Address 23 Church Road

City State Zip Code
Bedford NH 03110-5425

FEC ID number of contributing
federal political committee.

C

Name of Employer
New England Heart Institu-
teCatholic Me

Occupation
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 8 / 2 0 0 9

Transaction ID: 54fd2c62e61b9e869ee

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

James W. Fasules, M.D., F.A.

Mailing Address 6 Cascades Drive
1900 Maryland

City State Zip Code
Little Rock AR 72212-3306

FEC ID number of contributing
federal political committee.

C

Name of Employer
Arkansas Children's Hospi-
talPediatric

Occupation
PEDIATRIC CARD.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 6 / 2 0 0 9

Transaction ID: 47f39015620df8fb55cd

Amount of Each Receipt this Period

84.00

SUBTOTAL of Receipts This Page (optional)

1084.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 41

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Wilmore B. Finerman, Jr., M.D.,

Mailing Address 210 Westchester Avenue

City

White Plains

State

NY

Zip Code

10604-2901

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 1 / 2 0 0 9

Transaction ID: d6467e7cc25b299dbb6

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

David L. Fishman, M.D., F.A.

Mailing Address 950 Tisbury Lane

City

Lake Forest

State

IL

Zip Code

60045

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 0 8 / 2 0 0 9

Transaction ID: 1CB27596-1E21-43E6-

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Kevin Fitzpatrick

Mailing Address 1441 Windrow Lane

City

Yardley

State

PA

Zip Code

19067

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Cardiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 0 / 2 0 0 9

Transaction ID: 48c7a24867094aeb4358

Amount of Each Receipt this Period

85.00

SUBTOTAL of Receipts This Page (optional)

585.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 41

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Paulina Gorodin, M.D., F.A.

Mailing Address 2507 Panama Street

City

Philadelphia

State

PA

Zip Code

19103-6474

FEC ID number of contributing
federal political committee.

C

Name of Employer
Drexel College of Medicine

Occupation

ECHOCARDIOLOGY/ECHOCARDIOGRAPHY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 7 / 2 0 0 9

Transaction ID: 5b59404eb1d6b47cff5

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Trevor Greene, MD

Mailing Address

City

Ponte Vedra Beach

State

FL

Zip Code

32082

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 5 / 2 0 0 9

Transaction ID: 16a31b98c8a01209522

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Bhavdeep K. Gupta, M.D., F.A.

Mailing Address 5268 River Club Drive

City

Suffolk

State

VA

Zip Code

23435-3513

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 8 / 2 0 0 9

Transaction ID: 8e339eb9f2f4fe2a309

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1615.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 41

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Chad A. Hoyt, M.D., F.A.

Mailing Address 1829 Parkland Drive
PO Box 11709

City State Zip Code
Lynchburg VA 24503-2420

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardiology Associates of
Central Virgi

Occupation
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 0 9

Transaction ID: 3aee7007e881305e489

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Juan M. Igartua Ponton, M.D., F.A.

Mailing Address Inst. San Pablo, Suite 401

City State Zip Code
Bayamon Se 00961

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 9 / 2 0 0 9

Transaction ID: ebfa7b4fb62cf76c4af

Amount of Each Receipt this Period

84.00

C.

Full Name (Last, First, Middle Initial)

Michael L. Isaacson, M.D., F.A.

Mailing Address 410 Mallard Drive

City State Zip Code
Jonesboro AR 72401-7138

FEC ID number of contributing
federal political committee.

C

Name of Employer
Northeast Arkansas Clinic

Occupation
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 0 9

Transaction ID: 03af44bc5f28f31257b

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

834.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 41

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Randy A. Jordan, M.D., F.A.

Mailing Address 18100 Mantle Lane

City

Roland

State

AR

Zip Code

72135-9715

FEC ID number of contributing
federal political committee.

C

Name of Employer
Heart Clinic Arkansas

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 3 / 2 0 0 9

Transaction ID: 603de0b577287799340

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Harold L. Karpman, M.D., F.A.

Mailing Address 414 N Camden Drive Suite 1100

City

Beverly Hills

State

CA

Zip Code

90210-4517

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardiovascular Medical Gr-
oup

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 3 / 2 0 0 9

Transaction ID: b380acd88ee0cfa4f55

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Kevin J. Kelly, M.D., F.A.

Mailing Address 4405 Old Mill Road

City

Fort Wayne

State

IN

Zip Code

46807-2551

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 3 / 2 0 0 9

Transaction ID: fcbe8bc7b13b96f0f9d

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 41

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Shahabuddin Khan, M.D., F.A.

Mailing Address 7619 Victory Gallup Street

City

Las Vegas

State

NV

Zip Code

89131-4125

FEC ID number of contributing
federal political committee.

C

Name of Employer
Nevada Heart & Vascular
Center

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 0 / 2 0 0 9

Transaction ID: 42b78d267055adcceb08

Amount of Each Receipt this Period

84.00

B.

Full Name (Last, First, Middle Initial)

Michael J. Koren, M.D., F.A.

Mailing Address 4085 University Boulevard S Suite

City

Jacksonville

State

FL

Zip Code

32216-4362

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jacksonville Center for
Clinical Resea

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 7 / 2 0 0 9

Transaction ID: a615254ebc0c128923d

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Fred M. Krainin, M.D., F.A.

Mailing Address 3817 Cherrywood Road

City

Florence

State

SC

Zip Code

29501-9209

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pee Dee Cardiology Associ-
ates

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 7 / 2 0 0 9

Transaction ID: 92521442c8f61cd15e0

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2084.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Benjamin P. Lee, M.D., F.A.

Mailing Address 146 Liberty Way

City

Carrollton

State

VA

Zip Code

23314-2697

FEC ID number of contributing
federal political committee.

C

Name of Employer
Riverside Heart Special-
ists

Occupation

ELECTROPHYSIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 8 / 2 0 0 9

Transaction ID: 95b2fd79ba77e5ae98c

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Roger F. Leonard, M.D., F.A.

Mailing Address 11706 Split Tree Circle

City

Potomac

State

MD

Zip Code

20854-2880

FEC ID number of contributing
federal political committee.

C

Name of Employer
Montgomery General Hospit-
al

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

364.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 0 3 / 2 0 0 9

Transaction ID: 4d98aabda084a60ac7d2

Amount of Each Receipt this Period

91.00

C.

Full Name (Last, First, Middle Initial)

Barry K. Lewis, D.O., F.A.

Mailing Address 25806 Island Lake Drive

City

Novi

State

MI

Zip Code

48374-2173

FEC ID number of contributing
federal political committee.

C

Name of Employer
Consultants in Cardiology,
PC

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 3 / 2 0 0 9

Transaction ID: 328197ff51ae3313a92

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1456.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 41

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Amit Malhotra, M.B.B.S.,

Mailing Address 2490 Birnam Wood Drive

City

Germantown

State

TN

Zip Code

38138-4919

FEC ID number of contributing
federal political committee.

C

Name of Employer
Memphis Heart Clinic

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 8 / 2 0 0 9

Transaction ID: cb40f6f453994e4f598

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Sanjay Malhotra, M.B.B.S.,

Mailing Address 23 Brandermill Drive

City

Henderson

State

NV

Zip Code

89052-6600

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 8 / 2 0 0 9

Transaction ID: 15095d881b0fb5d7c81

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

George E. Mark, IV, M.D.,

Mailing Address 210 West Atlantic Avenue

City

Haddon Heights

State

NJ

Zip Code

08035-1715

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardiovascular Associates
of Delaware

Occupation

ELECTROPHYSIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 8 / 2 0 0 9

Transaction ID: 56f4ed296f5dbbf09c3

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1615.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 41

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Ronald V. Miller, M.D., F.A.

Mailing Address 23755 Woodlynne Drive

City

Bingham Farms

State

MI

Zip Code

48025-3400

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 1 / 2 0 0 9

Transaction ID: a1fac9a876dec81a389

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Michael J. Mirro, M.D., F.A.

Mailing Address 2005 Prestwick Lane

City

Fort Wayne

State

IN

Zip Code

46814-9317

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fort Wayne Cardiology Cor-
poration

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 3 0 / 2 0 0 9

Transaction ID: 4686bb6f46aa9d37ea3d

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Eugene V. Moffett, M.D., F.A.

Mailing Address 185 E 7th Avenue

City

Chico

State

CA

Zip Code

95926-3356

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 0 5 / 2 0 0 9

Transaction ID: ae4ed67b05052fdc12d

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

M.R.S. Nair, M.B.B.S.,

Mailing Address 660 Holly Road

City

Cadillac

State

MI

Zip Code

49601-2420

FEC ID number of contributing
federal political committee.

C

Name of Employer
Grand Traverse Heart Asso-
ciates

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 9 / 2 0 0 9

Transaction ID: 4193f8affcab05327bd

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Parirokh Nozad, M.D., F.A.

Mailing Address 2513 E 12th Street

City

Brooklyn

State

NY

Zip Code

11235-5007

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 0 9

Transaction ID: 8b3eeb299f44eaa3eea

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Thomas W. Nygaard, M.D., F.A.

Mailing Address 1827 Royal Oak Drive

City

Lynchburg

State

VA

Zip Code

24503-1860

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical & Cardiology Asso-
cs.

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 0 9

Transaction ID: 3fb08220fc1a6ea2266

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1115.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 41

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Gary E. Oppenheim, M.D., F.A.

Mailing Address 12411 Northeast 29th Street

City

Bellevue

State

WA

Zip Code

98005-1644

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 9 / 2 0 0 9

Transaction ID: 59371217261b11049bf

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Alice A. Passer, M.D., F.A.

Mailing Address 12 Meloon Road

City

Greenland

State

NH

Zip Code

03840-2213

FEC ID number of contributing
federal political committee.

C

Name of Employer
Exeter Cardiovascular Ass-
ociates, PLLC

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 5 / 2 0 0 9

Transaction ID: 7ac6e6e975b48c09aa6

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Carl J. Pepine, M.D., M.A.

Mailing Address 6308 Southwest 37th Way
Box 100277

City

Gainesville

State

FL

Zip Code

32608-5105

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Florida Coll-
ege of Medici

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 0 9

Transaction ID: 0feb021989c1b52a754

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 41

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Ross C. Peterson, M.D., F.A.

Mailing Address 4205 Woodbrook Landing

City

Erie

State

PA

Zip Code

16506-7017

FEC ID number of contributing
federal political committee.

C

Name of Employer
Consultants in Cardiovas-
cular Diseases

Occupation

ECHOCARDIOLOGY/ECHOCARDIOGRAPHY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

364.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 1 / 2 0 0 9

Transaction ID: 4790b439db5e0f7225ff

Amount of Each Receipt this Period

91.00

B.

Full Name (Last, First, Middle Initial)

Joel M. Phares, M.D., F.A.

Mailing Address 820 Egret Cove

City

Biloxi

State

MS

Zip Code

39532-4651

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

INVASIVE CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 3 / 2 0 0 9

Transaction ID: 5c0c057bfc9228ba775

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

James S. Rellas, M.D., F.A.

Mailing Address 2200 Plantation Lane

City

Plano

State

TX

Zip Code

75093-4221

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 0 5 / 2 0 0 9

Transaction ID: ba1a616020d6ff3f2be

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

1456.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 41

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

William H. Resh, M.D., F.A.

Mailing Address 2017 Troon Drive

City

Henderson

State

NV

Zip Code

89074-0669

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 9 / 2 0 0 9

Transaction ID: 7362914603950f6354b

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

William B. Ricks, M.D., F.A.

Mailing Address 2581 Samaritan Drive Suite 202

City

San Jose

State

CA

Zip Code

95124-4112

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 9 / 2 0 0 9

Transaction ID: db914f669c96b3b874

Amount of Each Receipt this Period

600.00

C.

Full Name (Last, First, Middle Initial)

George P. Rodgers, M.D., F.A.

Mailing Address 2441 Westlake Drive

City

Austin

State

TX

Zip Code

78746-2950

FEC ID number of contributing
federal political committee.

C

Name of Employer
Biophysical Corporation

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

338.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 6 / 2 0 0 9

Transaction ID: 4547ad7ef12f6f33a68a

Amount of Each Receipt this Period

84.00

SUBTOTAL of Receipts This Page (optional)

1684.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 41

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

John S. Rumsfeld, M.D., Ph.D

Mailing Address Cardiology (111B)
1055 Clermont Street

City State Zip Code
Denver CO 80220-3808

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of ColoradoDen-
ver VA Medical

Occupation
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 7 / 2 0 0 9

Transaction ID: 477d89048a3a2dc535c1

Amount of Each Receipt this Period

83.34

B.

Full Name (Last, First, Middle Initial)

Srinivasa Dinakar Reddy Satti, M.D., F.A.

Mailing Address 8440 Foxglove Avenue Northwest
2600 6th Street Southwest Suite A2

City State Zip Code
Clinton OH 44216

FEC ID number of contributing
federal political committee.

C

Name of Employer
Aultman Hospital

Occupation
ELECTROPHYSIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 8 / 2 0 0 9

Transaction ID: 29a9ac071f0b9700de1

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Stephen V. Savran, M.D., F.A.

Mailing Address 7455 W Washington Suite 300

City State Zip Code
Las Vegas NV 89128-4338

FEC ID number of contributing
federal political committee.

C

Name of Employer
Nevada Heart & Vascular
Center

Occupation
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 0 9

Transaction ID: 84f1ad091c5ac94c4fa

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1448.34

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 41

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

David E. Schleinkofer, M.D., F.A.

Mailing Address 1819 Carew Street

City

Fort Wayne

State

IN

Zip Code

46805-4705

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fort Wayne Cardiology Cor-
poration

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 5 / 2 0 0 9

Transaction ID: 2ccda3ae5bbdb14480a

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Harvey A. Schuchman, M.D., F.A.

Mailing Address 5328 S Havana Court

City

Englewood

State

CO

Zip Code

80111-3816

FEC ID number of contributing
federal political committee.

C

Name of Employer
South Denver Cardiology
Assoc PC

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 0 9

Transaction ID: 1d75167f22ed78409ec

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Hirak J. Sen, M.B.B.S.,

Mailing Address 8300 Wyoming Boulevard Northeast A

City

Albuquerque

State

NM

Zip Code

87113-2169

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 0 9

Transaction ID: dcfa6d3060517e597d0

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

1115.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Richard R. Shehane, M.D., F.A.

Mailing Address 2468 Ram Crossing Way

City

Henderson

State

NV

Zip Code

89074-8308

FEC ID number of contributing
federal political committee.

C

Name of Employer
Nevada Heart and Vascular
Center

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 3 / 2 0 0 9

Transaction ID: 22421278faedae640c7

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Edward Nin-Da N. Shen, M.D., F.A.

Mailing Address 1732 Mikahala Way

City

Honolulu

State

HI

Zip Code

96816-3324

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Hawaii Schl
of Medcn, Div

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 1 / 2 0 0 9

Transaction ID: 88db15a7528b37ac713

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Charles A. Shiolen, M.D., F.A.

Mailing Address 24 Mount Pleasant Road

City

Morristown

State

NJ

Zip Code

07960-3367

FEC ID number of contributing
federal political committee.

C

Name of Employer
Morris County Crdlgy Cons-
ultants, P.A.

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 8 / 2 0 0 9

Transaction ID: 17a02a9443c86c5a62c

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

1865.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 41

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Hullukunte Shivaprasad, M.B.B.S.,

Mailing Address 1046 Enid Drive

City

Wheelerburg

State

OH

Zip Code

45694-9370

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 1 / 2 0 0 9

Transaction ID: 11d6e442c871ed052ac

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Patrick J. Simpson, M.D., F.A.

Mailing Address PO Box 5098

City

Pinehurst

State

NC

Zip Code

28374-5098

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pinehurst Medical Clinic

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 1 / 2 0 0 9

Transaction ID: 5784579492260e0fee1

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Alfred W. H. Stanley, Jr., M.D.,

Mailing Address 4401 Fredericksburg Drive

City

Birmingham

State

AL

Zip Code

35213-1819

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 3 / 2 0 0 9

Transaction ID: 35cdfeef65add0db00a

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 41

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Joseph E. Steinmetz, M.D., F.A.

Mailing Address 1210 Alderly Road

City

Indianapolis

State

IN

Zip Code

46260-1623

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 9 / 2 0 0 9

Transaction ID: 2f56ae6f1edc758073d

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Paul L. Urban, M.D., F.A.

Mailing Address 2875 Southwest 53rd Street

City

Ocala

State

FL

Zip Code

34471-9538

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ocala Interventional Card-
iologyORMC Ca

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 9 / 2 0 0 9

Transaction ID: 4bd797de768b8c028cef

Amount of Each Receipt this Period

84.00

C.

Full Name (Last, First, Middle Initial)

Rafael Valencia, M.D.

Mailing Address 1767 Amarone Way

City

Henderson

State

NV

Zip Code

89012-7225

FEC ID number of contributing
federal political committee.

C

Name of Employer
Nevada Heart & Vascular
Center

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 8 / 2 0 0 9

Transaction ID: 0948f12d3d98470b21d

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2084.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 41

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

C. Michael Valentine, M.D., F.A.

Mailing Address 1487 Langhorne Road
2410 Atherholt Road

City State Zip Code
Lynchburg VA 24503

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Cardiovascular Group
Centra/Stroob

Occupation
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

364.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 3 / 2 0 0 9

Transaction ID: 4694b0ce1a10728e912a

Amount of Each Receipt this Period

91.00

B.

Full Name (Last, First, Middle Initial)

Uma S. Valeti, M.B.B.S.,

Mailing Address 856 Great Oaks Trail

City State Zip Code
Saint Paul MN 55123-2434

FEC ID number of contributing
federal political committee.

C

Name of Employer
St Paul Heart Clinic PA

Occupation
INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 0 9

Transaction ID: D1C18343-BADE-4D73-

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Thad F. Waites, M.D., F.A.

Mailing Address 1017 Richburg Road

City State Zip Code
Hattiesburg MS 39402-9055

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southern Heart Center

Occupation
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

364.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 3 / 2 0 0 9

Transaction ID: 43ff8b6683316fe3c6cb

Amount of Each Receipt this Period

91.00

SUBTOTAL of Receipts This Page (optional)

1182.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 41

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Howard T. Walpole, Jr., M.D.,

Mailing Address 31 Northumberland

City

Nashville

State

TN

Zip Code

37215-4123

FEC ID number of contributing
federal political committee.

C

Name of Employer
Saint Thomas Health Servi-
ces

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1818.20

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 0 3 / 2 0 0 9

Transaction ID: 4d0285f9e829f6217925

Amount of Each Receipt this Period

454.55

B.

Full Name (Last, First, Middle Initial)

Mary Norine Walsh, M.D., F.A.

Mailing Address 8333 Naab Road Suite 400

City

Indianapolis

State

IN

Zip Code

46260-1992

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Care Group LLC

Occupation

HEART FAILURE/TRANSPLANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 9 / 2 0 0 9

Transaction ID: 4ab6abcce8d11e817cff

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Michael C. Widmer, M.D., F.A.

Mailing Address 2753 Northeast Red Oak Drive

City

Bend

State

OR

Zip Code

97701-8348

FEC ID number of contributing
federal political committee.

C

Name of Employer
Heart Center Cardiology

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

364.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 0 3 / 2 0 0 9

Transaction ID: 4348bd0512bf6c55b433

Amount of Each Receipt this Period

91.00

SUBTOTAL of Receipts This Page (optional)

645.55

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 41

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Roberta G. Williams, M.D., M.A.

Mailing Address 4837 Commonwealth Avenue

City

La Canada

State

CA

Zip Code

91011-2506

FEC ID number of contributing
federal political committee.

C

Name of Employer
Children's Hospital of Los
Angeles

Occupation

PEDIATRIC CARD.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 0 9

Transaction ID: 9fa9da3dd50b8f5f46a

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Joseph S. Wilson, Jr., M.D.,

Mailing Address 755 Mount Vernon Highway Suite 530

City

Atlanta

State

GA

Zip Code

30328-4287

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardiology of Georgia, P.-
C.

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 3 / 2 0 0 9

Transaction ID: 431f99d69a5e34b67430

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)

Michael J. Wolk, M.D., M.A.

Mailing Address 876 Park Avenue

City

New York

State

NY

Zip Code

10075-1843

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Cardiology Assoc-
iates

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.35

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 7 / 2 0 0 9

Transaction ID: 4767add890b0d9e5c6ae

Amount of Each Receipt this Period

83.34

SUBTOTAL of Receipts This Page (optional)

783.34

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 41

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Richard F. Wright, M.D., F.A.

Mailing Address 1038 South Carmelina Avenue
2001 Santa Monica BoulevardCity State Zip Code
Los Angeles CA 90049FEC ID number of contributing
federal political committee.**C**Name of Employer
Pacific Heart InstituteOccupation
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 3 / 2 0 0 9

Transaction ID: 46c29b2e109737615aeb

Amount of Each Receipt this Period

200.00

B.

Full Name (Last, First, Middle Initial)

Shahram Yazdani, M.D., F.A.

Mailing Address 878 Alvermar Ridge Drive

City State Zip Code
McLean VA 22102-1435FEC ID number of contributing
federal political committee.**C**Name of Employer
Virginia Cardiovascular
Associates, PCOccupation
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 0 9

Transaction ID: 410a8e9bb0b689e21fa4

Amount of Each Receipt this Period

84.00

C.

Full Name (Last, First, Middle Initial)

Antoine G. Younis, M.D., F.A.

Mailing Address 11403 Memorial Drive

City State Zip Code
Houston TX 77024-7512FEC ID number of contributing
federal political committee.**C**Name of Employer
Self-EmployedOccupation
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 5 / 2 0 0 9

Transaction ID: c21c0edcb8d4905a86b

Amount of Each Receipt this Period

2000.00

SUBTOTAL of Receipts This Page (optional)

2284.00

TOTAL This Period (last page this line number only)

42008.23

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 35 / 41

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Wachovia Bank

Mailing Address C/O Nova Information Systems
7300 Chapman Hwy

City Knoxville State TN Zip Code 37920

Purpose of Disbursement
May Merchant Fees

Candidate Name

001
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: M2cc7190f4208b05db56

Date of Disbursement

M M / D D / Y Y Y Y
0 5 / 0 4 / 2 0 0 9

Amount of Each Disbursement this Period

1034.94

SUBTOTAL of Disbursements This Page (optional) ►

1034.94

TOTAL This Period (last page this line number only) ►

1034.94

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 36 / 41

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A. Full Name (Last, First, Middle Initial) Anna Eshoo for Congress Mailing Address 555 Capitol Mall, Suite 1425	Transaction ID: e1a0305c19fa6954475 Date of Disbursement <div> <div>05</div> <div>20</div> <div>2009</div> </div>
City Sacramento State CA Zip Code 95814 Purpose of Disbursement 2010 Primary Candidate Name Anna G. Eshoo Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 14	Amount of Each Disbursement this Period <div>2500.00</div>
B. Full Name (Last, First, Middle Initial) Blue Dog Political Action Committee Mailing Address 6849 Old Dominion Drive Suite 222 City McLean State VA Zip Code 22101 Purpose of Disbursement 2009 Contribution Candidate Name Blue Dog Political Action Committee Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: Contribution	Transaction ID: 0187c2f0dfde3f14c74 Date of Disbursement <div> <div>05</div> <div>15</div> <div>2009</div> </div> Amount of Each Disbursement this Period <div>5000.00</div>
C. Full Name (Last, First, Middle Initial) Braley for Congress Mailing Address PO Box 390 City Waterloo State IA Zip Code 50704 Purpose of Disbursement 2010 Primary Candidate Name Bruce L. Braley Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IA District: 01	Transaction ID: 4c866edf74cbc7ab1cf Date of Disbursement <div> <div>05</div> <div>20</div> <div>2009</div> </div> Amount of Each Disbursement this Period <div>1500.00</div>

SUBTOTAL of Disbursements This Page (optional)

9000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 37 / 41

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A. Full Name (Last, First, Middle Initial) Citizens for Arlen Specter	Transaction ID: 5d50cf33024f01ed407 Date of Disbursement																				
Mailing Address 203 Maryland Ave NE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		2	0		2	0	0	9												
City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2010 Primary Candidate Name Arlen Specter	<table border="1"> <tr> <td colspan="10">2500.00</td> </tr> </table>	2500.00																			
2500.00																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: PA District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Fleming for Congress	Transaction ID: cd0584296efc5c66e12 Date of Disbursement																				
Mailing Address PO Box 1236	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		2	0		2	0	0	9												
City Minden State LA Zip Code 71058	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2010 Primary Candidate Name John Calvin Fleming, Jr.	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 04	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Friends for Harry Reid	Transaction ID: 7b98bc9923059c22549 Date of Disbursement																				
Mailing Address PO Box 19163	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		2	0		2	0	0	9												
City Las Vegas State NV Zip Code 89132	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2010 Primary Candidate Name Harry M. Reid	<table border="1"> <tr> <td colspan="10">4000.00</td> </tr> </table>	4000.00																			
4000.00																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

7500.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 38 / 41

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Friends for Harry Reid

Mailing Address PO Box 19163

City
Las VegasState
NVZip Code
89132Purpose of Disbursement
2010 GeneralCandidate Name
Harry M. Reid

Category/
Type
Office Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: NV District:

Transaction ID: 9afac0ec5df7e55534f

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	0	/	2	0	0	9

Amount of Each Disbursement this Period

B.

Full Name (Last, First, Middle Initial)

Friends of Kent Conrad

Mailing Address PO Box 812

City
BismarckState
NDZip Code
58502Purpose of Disbursement
2012 PrimaryCandidate Name
Kent Conrad

Category/
Type
Office Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: ND District:

Transaction ID: c7f50449be7e1d0fa6c

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	8	/	2	0	0	9

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

Gingrey for Congress

Mailing Address PO Box U

City
MariettaState
GAZip Code
30060Purpose of Disbursement
2010 PrimaryCandidate Name
John Phillip Gingrey

Category/
Type
Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: GA District: 11

Transaction ID: 6913d44666bb3ec30cc

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	8	/	2	0	0	9

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 39 / 41

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A. Full Name (Last, First, Middle Initial) Griffith for Congress	Transaction ID: a5ca5c91216503b423e Date of Disbursement																				
Mailing Address PO Box 2916	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		2	0		2	0	0	9												
City Huntsville State AL Zip Code 35804	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2010 Primary Candidate Name Parker Griffith Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: AL District: 05	<table border="1"> <tr> <td colspan="10">2500.00</td> </tr> </table>	2500.00																			
2500.00																					
Category/Type 011																					
B. Full Name (Last, First, Middle Initial) Nancy Pelosi for Congress	Transaction ID: 3839afa1288c6e157fc Date of Disbursement																				
Mailing Address 607 14th Street, NW Suite 800	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		2	0		2	0	0	9												
City Washington State DC Zip Code 20005	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2010 Primary Candidate Name Nancy Pelosi Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 08	<table border="1"> <tr> <td colspan="10">5000.00</td> </tr> </table>	5000.00																			
5000.00																					
Category/Type 011																					
C. Full Name (Last, First, Middle Initial) PAC To the Future	Transaction ID: 6dbfe6b98f2627693ab Date of Disbursement																				
Mailing Address 607 14th Street, NW Suite 800	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		2	0		2	0	0	9												
City Washington State DC Zip Code 20005	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2009 Contribution Candidate Name Pac To the Future Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: Contribution	<table border="1"> <tr> <td colspan="10">5000.00</td> </tr> </table>	5000.00																			
5000.00																					
Category/Type 011																					
SUBTOTAL of Disbursements This Page (optional)	<table border="1"> <tr> <td colspan="10">12500.00</td> </tr> </table>	12500.00																			
12500.00																					
TOTAL This Period (last page this line number only)	<table border="1"> <tr> <td colspan="10"></td> </tr> </table>																				

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 40 / 41

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Pallone for Congress

Mailing Address PO Box 3176

City
Long Branch

State
NJ

Zip Code
07740

Purpose of Disbursement
2010 Primary

Candidate Name
Frank Pallone, Jr.

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: NJ District: 06

Transaction ID: 9946596b45615efbbbc

Date of Disbursement

05 / 20 / 2009

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

Stabenow for US Senate

Mailing Address PO Box 4945

City
East Lansing

State
MI

Zip Code
48826

Purpose of Disbursement
2012 Primary

Candidate Name
Deborah Stabenow

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District:

Transaction ID: 07b58d6bf1f7d69ac8c

Date of Disbursement

05 / 12 / 2009

Amount of Each Disbursement this Period

1500.00

C.

Full Name (Last, First, Middle Initial)

Synergy PAC

Mailing Address 6849 Old Dominion Drive
Suite 222

City
McLean

State
VA

Zip Code
22101

Purpose of Disbursement
2009 Contribution

Candidate Name
Synergy Pac

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2009
☐ Primary ☐ General
☒ Other (specify) ▼

State: District: Contribution

Transaction ID: 820d0dc2ce19b109af8

Date of Disbursement

05 / 28 / 2009

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

6500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Tim Murphy for Congress

Mailing Address PO Box 24551

City
Pittsburgh

State
PA

Zip Code
15234

Purpose of Disbursement
2010 Primary

Candidate Name
Timothy F. Murphy

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 18

Transaction ID: 043e4ffbcd62c34c959

Date of Disbursement

05 / 20 / 2009

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

46500.00